POWER OF ATTORNEY	Application Number		09/938,6	09/938,669		
AND CORRESPONDENCE ADDRESS INDICATION FORM	Filing Date		August	August 27, 2001		
	First Named Inventor		Jens Pe	Jens Petersen		
Address to:	Title Polyacrylamide Hydrogel As A Soft Tissue Filler Endoprosthesis			ft Tissue Filler		
[IF APPLICABLE: MAIL STOP POST ISSUE]	Art Unit		1615	1615		
Commissioner for Patents P.O. Box 1450	Examiner Name		Carlos A	Carlos A. Azpuru		
Alexandria, VA 22313-1450	Attorney Docket No.		60117.00	60117.000004		
I hereby revoke all previous powers of attorney given in the above-identified application.						
I hereby appoint:						
Practitioners associated with the Custon OR	MER NUM	IBER:	21967	7		
Practitioner(s) named below:						
Name	Registra		ration Numb	Number		
				·		
					,	
	-					
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.						
Please recognize or change the correspondence address for the above-identified application to:						
The address associated with the above-mentioned Customer Number 21967 OR						
The address associated with Customer Number: OR						
Firm or Individual Name						
Address						
City		State		Zip		
Country Telephone		Facsin	nie I			
I am the: Applicant/Inventor.						
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 C.F.R. § 3.73(b) is enclosed. (Form PTO/SB/96).						
SIGNATURE of Applicant or Assignee of Record						
Signature . Cyt7	1.leytz		Date	Sephuber 21, Zelo		
Typed or Printed Name Michael J. Peytz /			Telephone	one +45 3958 5960		
Title and Company CEO, Contura A/S NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more						
than one signature is required, see below*.						
*Total of forms are submitted.						